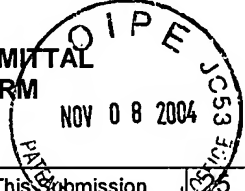


IFW

TRANSMITTAL FORM 	Application Number	10/768,310
	Filing Date	January 30, 2004
	First Named Inventor	James Robert Dupuy et al.
	Art Unit	3652
	Examiner Name	Thomas J. Braham
Total Number of Pages in This Submission		Attorney Docket Number

ENCLOSURES (check all that apply)	PETITION FOR EXTENSION OF TIME
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other: Copies of Judgement and Memorandum and Order for <i>The Braun Corp v Maxon Life Civil Action No. 4:01cv0076</i>	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	11	-	20	=0	x 9=	\$	x 18= \$0
Independent	1	-	3	=0	x 43=	\$	x 86= \$0
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290= \$0

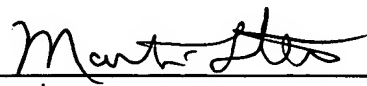
FEES

<input type="checkbox"/> Additional Claim Fee	\$0.00
<input type="checkbox"/> Extension fee for one-month	\$0.00
<input type="checkbox"/> Information Disclosure Statement	\$0.00
<input type="checkbox"/> Surcharge for Missing Parts – Declaration	\$0.00
<input type="checkbox"/> Terminal Disclaimer	\$0.00
TOTAL FEES	\$0.00


PAYMENT OF FEES

<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.

SIGNATURE OF ATTORNEY

Martin L. Stern, Reg. No. 28,911 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: 11/3/04
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is: <input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below		
Typed or printed name	Elizabeth M. Campbell Tressler	
Signature		Date: 11-3-04



UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit 3652

In re
Patent Application of

James Robert Dupuy et al.

Application No. 10/768,310

Confirmation No.: 6329

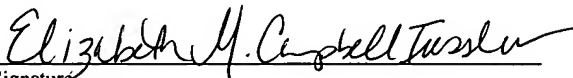
Filed: January 30, 2004

Examiner: Thomas J. Brahan

“DUAL FUNCTION INBOARD
BARRIER/BRIDGEPLATE ASSEMBLY FOR
WHEELCHAIR LIFTS”

Atty. Dkt. No.: 018778-9224

I, Elizabeth M. Campbell Tressler, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.


Signature

11-3-04
Date of Signature

REPLY TO OFFICE ACTION DATED SEPTEMBER 24, 2004

Mail Stop Amendments
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 24, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.